

**Client Name:** \_\_\_\_\_  
 (Last) (First) (Maiden)

**MONTANA DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES - ALCOHOL & DRUG INFORMATION SYSTEM**  
**CLIENT FOLLOW-UP FORM**

1. Program Number .....			
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2. Client ID . . .									
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3. Admission Date . . . .

mo		day		year		

COMPLETE THIS SECTION AFTER 6 MONTHS

4. Follow-Up Date . . . 

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mo                  day                  year

5. Follow-Up Facility . . . . .		
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6. If former client accessible? ..... ☐

1. Yes      2. No

7. Employment Status . . . . . ☐

1. Employed Full Time                      4. Not in Labor Force

2. Employed Part Time                    5. Public Assistance Benefits Depleted

3. Unemployed

8. Is former client attending a maintenance program? ... ☐

1. Yes                      2. No

9. Frequency of Use .....

1. No Use Since Treatment
2. No Use During Month Prior to Follow-Up
3. Used During Month Prior to Follow-Up

## 10. EFFECTIVENESS INDICATORS:

a. Has been arrested  times since discharge.

- b. Has had a parole/probation violation
- c. Has had a DUI arrest.
- d. Has been readmitted to a treatment program.
- e. Is currently homeless

11. Coded Remarks ..									
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**COMPLETE THIS SECTION AFTER 1 YEAR**

12. Follow-Up Date ...

mo		day		year		

13. Follow-Up Facility .....		
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14. If former client accessible? ..... ☐

1. Yes      2. No

15. Employment Status . . . . . ☐

1. Employed Full Time                      4. Not in Labor Force

2. Employed Part Time                    5. Public Assistance Benefits Depleted

3. Unemployed

16. Is former client attending a maintenance program? . . . ☐

1. Yes            2. No

17. Frequency of Use .....

1. No Use Since Treatment
2. No Use During Month Prior to Follow-Up
3. Used During Month Prior to Follow-Up

## 18. EFFECTIVENESS INDICATORS:

a. Has been arrested  times since discharge.

- b. Has had a parole/probation violation
- c. Has had a DUI arrest.
- d. Has been readmitted to a treatment program.
- e. Is currently homeless

19. Coded Remarks . .								
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